

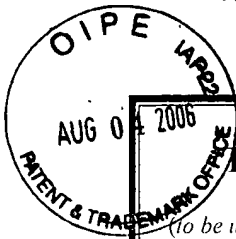
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IPW \$8673

PTO/SB/21

OMB 0651-0031

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/526,264
		Filing Date	01/20/2006
		First Named Inventor	Alan Owen
		Group Art Unit	3673
		Examiner Name	Frederick Lagman
Total Number of Pages in This Submission		Attorney Docket Number	207733 (36290-0324-00-US)

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) – Figs.  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): check in the amount of \$260; return receipt postcard
Remarks:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Drinker Biddle & Reim LLP
Signature	
Printed Name	Gregory J. Lavourgna, Reg. No. 30,469
Date	August 1, 2006

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8**

I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service in an envelope addressed to U.S. Patent Office, Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Michelle D. Sebastian
Signature	Date: August 1, 2006

<div><div><div>O I P E</div><div>AUG 04 2006</div><div>PHENT &amp; TRADEMARK OFFICE</div></div><div><div>Patent fees are subject to annual revision.</div><div>Applicant claims small entity status. See 37 CFR 1.27</div></div></div>		Complete if known	
		Application Number	10/526,264
Filing Date		01/20/2006	
First Named Inventor		Alan Owen	
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Art Unit		3673	
TOTAL AMOUNT OF PAYMENT (\$260.00)		Attorney Docket No. 207733 (36290-0324-00-US)	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  <input type="checkbox"/> Deposit Account: Deposit Account Number <u>50-0573</u> Deposit Account Name <u>Drinker Biddle &amp; Reath LLP</u>  The Director is authorized to: (check all that apply)  <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		ADDITIONAL FEES	
FEE CALCULATION		EXTRA CLAIMS FEES FOR UTILITY AND REISSUE	
Total Claims      28   -20**      =      0      X      *      =      \$ 0		Total Claims      28   -20**      =      0      X      *      =      \$ 0	
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